

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0241

Request for Premium Processing Service**START HERE - Please Type or Print****FOR INS USE ONLY****Part 1. Information about you. (Person or business filing this request.)****If filed on your own behalf:** Individual Named in the Related Case

Family Name (Last Name)

Given Name (First Name)

Full Middle Name

N/A

If filed on behalf of a company: Company or Business Named in the Related Case

LCT Lego Custom Texture, Inc.

Mailing Address: Street Number and Name / P.O. Box Number

2101 Van Horn

Name of Company Contact

Title/Position

Texas Staffing Resources

President

City

State/Province

Zip/Postal Code

Cedar Park

Texas

78613

IRS Tax # (if any)

74-3003964

You (the person submitting this request):

☐

Are the person named in the relating petition/application.

☐

Work for company/business named in the relating petition or application.

☒

Are an attorney/representative.

Your Preferred Form of Communication:

☐

Mail

☐

Phone

☒

Fax

☐

e-Mail

Phone Number (Area/Country Code)

Fax Number (Area/Country Code)

e-Mail Address

512-762-0264

512-401-6677

Part 2. Information about request.

1. Form number of related petition or application.

I-129

2. Classification type being requested

H-2B

3. Petitioner on the relating case

LCT Lego Custom Texture, Inc.

4. Beneficiary on the relating case

20 Aliens

Part 3. Signature. (Read the information on penalties in the instructions before completing this section.)

It is understood that if the Immigration and Naturalization Service (INS) does not issue a notice or make a request for additional evidence within 15 calendar days after this request has been physically received in the appropriate INS office, a full refund will be given to the addressee shown in Part 1 of

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this request is all true and correct. I authorize the release of any information from my records which the INS needs to determine eligibility for the benefit being sought.

Signature

Title (if applicable)

President

Print Your Name

Leonel A. LeBaron

Date (MM/DD/YYYY)

11/10/04

Part 4. Signature of person preparing form if other than above. (Sign below.)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature

Print Your Name

Jose Vicharely

Date (MM/DD/YYYY)

11/10/04

Firm Name and Address

Texas Staffing Resources, Inc., 2101 Van Horn, Cedar Park, TX 78613

Daytime Phone Number (Area Code and Number)

512-762-0264